

Utah Department of Health, Child Care Licensing Program  
**Department of Workforce Services (DWS) Approved Child Care Provider  
Interpretation Manual**

## **Explanation**

This manual is for providers and Child Care Licensing staff. Its purpose is to help ensure statewide consistency in the understanding and enforcement of the DWS Child Care Health and Safety Regulations. Each section of regulations has the:

**Purpose** -- a brief description of the section

**General Information** -- details (when applicable) specific to that section

**Regulations** -- the text of each regulation

**Rational / Explanation** -- the reason for and, when applicable, additional information about the regulation

**Enforcement** -- the Noncompliance Level(s) and, when applicable, details about compliance

Information in the Rationale/Explanation section has references to "CFOC." This stands for *Caring for Our Children: Guidelines for Out-of-Home Child Care Programs*. This book has standards generally accepted as the best practices to ensure the health and safety of children in child care.

## **Inspections**

Providers have required Announced and Unannounced Inspections during the year. They will also have Complaint Investigation if there are reports of alleged noncompliance with child care regulations. During these Inspections and Investigations, Licensing Specialists assess compliance with regulations. When noncompliance is found and not corrected during the inspections and/or investigations, providers are given Correction Dates by which to show compliance. When providers don't show compliance by those Dates, their approvals are deactivated.

## **Statements of Findings**

After Inspections/Investigations with noncompliance items, Statements of Findings are created. These Statements of Findings have the details of the noncompliance item(s), the date by which the noncompliance item was or will be in compliance, and the Noncompliance Level. The Noncompliance Level shows the level of potential harm to children. Level 1 is the most serious, Level 2 is less serious, and Level 3 is the least serious. The Noncompliance Level also determines the Category of the Statement of Finding. A Cited Statement of Finding has a higher potential of harm to children than a Technical Assistance Statement of Finding.

## **Public Record**

Cited Statements of Findings from Announced Inspections and Unannounced Inspections are part of the provider's public record. Cited Statements of Findings and Technical Assistance Statements of Findings from Complaint Investigations are part of the provider's public record.

## **SECTION 1 - PROVIDERS**

### **Purpose**

This section contains the regulations for who can be an approved provider and where care can be done.

#### **1) a) i) Providers must be at least 18-years-old.**

##### **Rationale / Explanation**

Eighteen years is the age of legal consent. The purpose of this regulation is to ensure that providers have the maturity necessary to meet the responsibilities of independently caring for a group of children. CFOC, 3<sup>rd</sup> Ed. pg. 13 Standard 1.3.2.3

##### **Enforcement**

**Level 1** Noncompliance

#### **1) a) ii) Providers must have knowledge of and comply with all applicable federal, state, and local laws and rules.**

##### **Rationale / Explanation**

This regulation is intended to address problems which are not already addressed in other regulations, but which involve the violation of an applicable federal, state, or local law or administrative rule of another agency.

##### **Enforcement**

A finding for this rule is issued only when there is not another regulation that addresses a problem. The noncompliance level depends on the law or rule found out of compliance. Child Care Licensing staff will compare the seriousness of the law or rule violated with the noncompliance levels of the most similar regulation.

#### **1) b) Providers cannot live in the same home as the children in care or in the same home as the parents of the children in care unless a child in care has special needs.**

##### **Rationale / Explanation**

This is part of the DWS eligibility requirements.

##### **Enforcement**

**Level 1** Noncompliance

#### **1) c) Providers cannot be siblings of children in care who live in the same home as the children in care.**

##### **Rationale / Explanation**

This is part of the DWS eligibility requirements.

##### **Enforcement**

**Level 1** Noncompliance

#### **1) d) Providers cannot be parents, specified relatives, or legal guardians of the children in care for payment. This includes divorced spouses, step-parents, spouses of specified relatives, and spouses of legal guardians.**

##### **Rationale / Explanation**

This is part of the DWS eligibility requirements.

##### **Enforcement**

**Level 1** Noncompliance

**1) e) Providers cannot provide care when there is a parent of the child(ren) in the home, including when a DWS customer works from home.**

**Rationale / Explanation**

This is part of the DWS eligibility requirements.

**Enforcement**

**Level 1** Noncompliance

**1) f) In an unforeseen emergency and for up to 24 hours, the provider may use an emergency provider for the children in care. The emergency provider must be at least 18-years-old and cannot have a felony or misdemeanor conviction or a substantiated case of abuse or neglect.**

**Rationale / Explanation**

Supervision of children is basic to the prevention of harm. Parents have an expectation that their children will be supervised when in the care of a provider. CFOC 3<sup>rd</sup> Ed. pgs. 64-66 Standard 2.2.0.1

**Enforcement**

**Level 2** Noncompliance

## SECTION 2 - COVERED INDIVIDUALS

### Purpose

This section contains the regulations for background screenings.

### General Information

Working days refers to the days the Child Care Licensing Program is open for business. Ten working days is 14 calendar days for weeks with no federal holidays and 15 calendar days for weeks with federal holidays.

**2) a) All Covered Individuals in the home where care is provided must have initial and renewal approved background screenings. Background screenings will not be approved when individuals have any of the following:**

- i) any felony conviction
- ii) any Class A misdemeanor conviction within the last 10 years
- iii) certain Class A misdemeanor convictions older than 10 years
- iv) certain Class B and Class C misdemeanor convictions such as:
  - (1) public assistance or unemployment fraud
  - (2) offenses against the family
  - (3) offenses against a person
  - (4) pornography
  - (5) prostitution or any type of sexual offense
  - (6) simple assault
  - (7) domestic violence
  - (8) lewdness
  - (9) child abuse
  - (10) contribution to the delinquency of a minor
- v) any supported finding of child abuse or neglect as determined by DCFS
- vi) a pending indictment, a plea of no contest to, a plea in abeyance, or a diversion agreement to any charges whose conviction would result in a denial
- vii) a juvenile record comparable to anything that would result in denial if on an adult record

### Rationale / Explanation

The purpose of this regulation is to ensure that individuals who do not pass a background screening do not have unsupervised access to children in care.

### Enforcement

**Level 1 Noncompliance**

**2) b) The provider must submit Background Screening forms for Covered Individuals who move into the home where care is provided. These forms must be submitted within 10 working days of the individual moving into the home.**

### Rationale / Explanation

The purpose of this regulation is to ensure that individuals who do not pass a background screening do not have unsupervised access to children in care.

### Enforcement

**Level 1 Noncompliance** when the form was not submitted

**Level 2 Noncompliance** when the form was submitted but not within 10 working days

When Covered Individuals leaves the state for more than 90 calendar days the provider must, when they return home, submit a new form with fingerprints for those individuals.

**2) c) The provider must submit Background Screening forms for Covered Individuals who stay for more than 2**

**weeks in the home where care is provided. These forms must be submitted within 10 working days of the first day the individuals stay in the home.**

**Rationale / Explanation**

The purpose of this regulation is to ensure that individuals who do not pass a background screening do not have unsupervised access to children in care.

**Enforcement**

**Level 1** Noncompliance when the form was not submitted

**Level 2** Noncompliance when the form was submitted but not within 10 working days

This includes children who are college students who live at college but stay in the home for more than 2 weeks when they are not at college.

**2) d) The provider must Background Screening forms for children who live in the home where care is provided when the children turn 12-years-old. These forms must be submitted within 10 working days of the children's 12th birthday.**

**Rationale / Explanation**

The purpose of this regulation is to ensure that individuals who do not pass a background screening do not work with or have unsupervised access to children in care.

**Enforcement**

**Level 1** Noncompliance when the form was not submitted

**Level 2** Noncompliance when the form was submitted but not within 10 working days

## SECTION 3 - NUMBER OF CHILDREN IN CARE

### Purpose

This section contains the regulations for the number of children that can be in care.

### General Information

Statute defines a child in care as a person who is under the age of 13, or under the age of 18, when the person has a disability.

**All children younger than 13-years-old, including the provider's children and any children related to the provider, who are in the home when care is provided are considered children in care.**

**3) a) When care is in the home of the provider:**

**i) When the children in care are all siblings who are related to the provider and there are no other children in care, there is no limit to the number of children in care.**

**ii) When there are children in care who are not siblings who are related to the provider, there can be no more than 8 children in care and no more than 2 of those children can be younger than 2-years-old.**

**When there are more than 4 children in care who are not related to the provider, the provider must (by statute) have a Child Care Family License or Residential Certificate.**

### Rationale / Explanation

The purpose of this regulation is to ensure children's safety, especially in the event of a fire or other emergency evacuation. CFOC, 3<sup>rd</sup> Ed. pgs. 4-5 Standard 1.1.1.2

### Enforcement

**Level 1 Noncompliance**

**All children younger than 13-years-old, including the provider's children and any children related to the provider, who are in the home when care is provided are considered children in care.**

**3) b) When care is in the home of the child(ren) in care, only the child(ren) living in the home can be in care and:**

**i) When the children in care are all siblings and there are no other children in care, there is no limit to the number of children in care.**

**ii) When there are children in care who are not siblings, there can be no more than 8 children in care and no more than 2 of those children can be younger than 2-years-old.**

### Rationale / Explanation

The purpose of this regulation is to ensure children's safety, especially in the event of a fire or other emergency evacuation. CFOC, 3<sup>rd</sup> Ed. pgs. 4-5 Standard 1.1.1.2

### Enforcement

**Level 1 Noncompliance**

## SECTION 4 - SUPERVISION

### Purpose

This section contains the regulations for the supervision of children.

### General Information

Supervision of children is basic to the prevention of harm. To be available for supervision as well as rescue in an emergency, the provider must be able to see and hear the children. CFOC, 3<sup>rd</sup> Ed. pgs. 64-66 Standard 2.2.0.1 Providers should regularly assess the environment to see how their ability to see and hear children during activities might be improved. Many instances have been reported in which a child was hidden when the group was moving to another location or a child wandered off when a door was open. Regular counting of children can alert the provider to a missing child. CFOC, 3<sup>rd</sup> Ed. pgs. 64-66 Standard 2.2.0.1

An area of a home is considered a separate “floor” or “level” when there are 10 or more stairs to the area. Hearing the children can be done with an audio monitor.

**4) a) The provider must be awake, physically on-site, and directly supervising children in care at all times. Directly supervising children in care means being aware of and responsible for the children and near enough to intervene when needed. This includes being inside the home when children in care are inside the home and being outside when children in care are outside. (The exception to this is that school age children in care can be outside when the provider is inside the home and can hear the school age children in care and is near enough to intervene when needed.)**

### Rationale / Explanation

Children like to test their skills and abilities. This is particularly true during outdoor play and on playground equipment. Even if the highest safety standards for playground layout, equipment, and surfacing are met, serious injuries can still happen if children are left unsupervised. CFOC, 3<sup>rd</sup> Ed. pgs. 64-66 Standard 2.2.0.1

### Enforcement

#### **Level 1 Noncompliance**

Providers will be considered to be in compliance with this regulation when they are indoors with the children and:

- They are on the same floor or level of the home as children older than non-walking infants or toddlers (who do not have special needs), can hear the children, and visually check on the children as needed.
- They are on a different floor or level than school-age children and they can hear the children and visually check on them as needed.
- They are temporarily on a different floor or level of the home than the children and/or not within hearing distance of the children when using the bathroom, checking on sleeping children, bringing prepared food from the kitchen to the eating area, changing diapers, applying first-aid, or completing necessary child-related clean-ups.
- During nap time - they are on a different floor or level of the home than the sleeping children and can hear the sleeping children and visually check on the sleeping children age 1 and older as needed and monitor sleeping infants as required in 4) b).

Providers will be considered in compliance with this regulation when children three-years-old and older go inside to use the bathroom (one at a time) and the provider and the other children are outside.

Providers will be considered in compliance with this regulation when the children are outside and the provider very briefly goes inside to help a child use the bathroom or to administer first aid to an injured child.

Providers will be considered out of compliance with this regulation when:

- They are not in the same room as non-walking infants and toddlers or children with special needs who are not in age-appropriate pieces of equipment.
- They are taking a shower, taking a bath, or napping (including when the children are napping) and children are in care.
- A child in care opens a child-proof lock and accesses unsafe materials.

**4) b) The provider must supervise sleeping infants by:**

- i) having the infants sleep in a location where they are within sight and hearing of the provider or**
- ii) an in-person observation of the sleeping infants at least once every 15 minutes.**

**Rationale / Explanation**

Infants must be supervised, even while they are sleeping. This is for their safety and to reduce instances of Sudden Infant Death Syndrome (SIDS).

**Enforcement**

**Level 1** Noncompliance

**4) c) When a wading pool is used by children in care, the provider must be at the pool supervising the children in care whenever there is water in the pool.**

**Rationale / Explanation**

The purpose of this regulation is to prevent drowning. Small children can drown within 30 seconds in as little as 2 inches of water. CFOC, 3rd Ed. pgs. 68-29 Standard 2.2.0.4, pg. 283 Standard 6.3.5.3

Providers should check with their local health departments before allowing children to use wading pools because some local health departments prohibit the use of wading pools in child care facilities.

**Enforcement**

**Level 1** Noncompliance

Supervising at a pool means the provider is close enough to see the entire bottom of the pool.

**4) d) When there is a swimming pool that is not emptied after each use on the premises, the provider must be at the pool supervising children in care whenever they are using the pool or have access to the pool.**

**Rationale / Explanation**

The purpose of this regulation is to prevent both injury and drowning. Most children drown within a few feet of safety and drowning is one of the leading causes of unintentional injury to children under 5 years of age. CFOC, 3<sup>rd</sup> Ed. pg. 7 Standard 1.1.1.5, pg. 267 Standard 6.1.0.6, pg. 278 Standard 6.3.1.1, pg. 280 Standards 6.3.1.6, 6.3.1.7, 6.3.1.8, pgs. 281-282 Standards 6.3.2.1, 6.3.2.2, 6.3.2.3, 6.3.3.1, 6.3.3.2, 6.3.3.4

**Enforcement**

**Level 1** Noncompliance

Supervising at a pool means the provider is close enough to see the entire bottom of the pool.



**4) e) When there is a trampoline on the premises, the provider must be next to the trampoline supervising the children in care whenever the children in care are on the trampoline.**

**Rationale / Explanation**

Trampolines pose serious safety hazards. The CPSC estimates that in 1998 95,000 injuries associated with trampolines were treated in hospital emergency rooms. About 75% of the victims are under 15 years of age and about 10% are under 5 years of age. The hazards that result in injuries and deaths include:

- falling or jumping off the trampoline.
- falling on the trampoline springs or frame.
- colliding with another person on the trampoline.
- landing improperly while jumping or doing stunts on the trampoline.

The American Society for Testing and Materials (ASTM), which conducts product safety testing, has issued the following warnings for trampoline use:

- Do not attempt or allow somersaults on the trampoline. Landing on the head or neck can cause serious injury, paralysis, or death, even when landing in the middle of the bed. (ASTM F 381, 7.5.1.1.)
- Do not allow more than one person on the trampoline. Use by more than one person at the same time can result in serious injury. (ASTM F 381, 7.5.1.2.)
- Allow trampoline use only with mature, knowledgeable supervision. (ASTM F 381, 7.5.1.3.)
- Trampolines over 20 inches tall are not recommended for use by children under 6 years of age. (ASTM F 381, 7.5.1.4.)
- Inspect the trampoline before each use. Make sure the frame padding is correctly and securely positioned. Replace any worn, defective, or missing parts. (ASTM F 381, 7.5.1.5.)

**Enforcement**

**Level 1 Noncompliance**

Supervising at a trampoline means the provider is standing close enough to be able to reach out and touch the trampoline. This includes above-ground trampolines and built into the ground trampolines.

## SECTION 5 - CHILD SAFETY AND INJURY PREVENTION

### **Purpose**

This section contains the regulations for safety hazards.

**5) a) The provider must take all reasonable measures to protect the safety of children in care and must not engage in or allow conduct that unreasonably endangers children in care or is adverse to the health, morals, welfare, and safety of children in care.**

### **Rationale / Explanation**

This regulation is intended to address problems that are not specifically mentioned in other regulations but could jeopardize the safety of the children.

### **Enforcement**

**Level 2** Noncompliance when

- a provider jerks, pulls, lifts or swings a child by the arm(s), which can cause a partial dislocation of the elbow, referred to as Nursemaid's Elbow.
- a provider leaves children unattended in a room with an open door that allows access to a road or parking lot.

Otherwise the Noncompliance Level depends on the law or regulation found out of compliance

**5) b) The home, outdoor play area, toys, and equipment must be maintained in a safe manner to prevent injury to children in care.**

### **Rationale / Explanation**

The physical structure where children spend each day can present safety concerns if not maintained in a safe condition. For example, peeling paint may be ingested, floor surfaces in disrepair could cause falls and other injuries, and broken windows could cause severe cuts. CFOC, 3<sup>rd</sup> Ed. pg. 261 Standard 5.7.0.7

This regulation is intended to address problems that are not specifically mentioned in other regulations but could result in injury to children.

### **Enforcement**

**Level 2** Noncompliance when melting wax, such as in a candle warmer, is accessible to children

Otherwise the Noncompliance Level depends on the law or regulation found out of compliance

**5) c) The provider must have a working telephone.**

### **Rationale / Explanation**

The purpose of the regulation is to ensure the provider can contact the parents of children in care, the parents of children in care can contact the provider, and the provider can always contact emergency personnel (fire, police, ambulance, etc.) if needed. CFOC, 3<sup>rd</sup> Ed. Pg. 243 Standard 5.3.1.12

### **Enforcement**

**Level 2** Noncompliance

**5) d) The provider must have a working fire extinguisher.**

### **Rationale / Explanation**

The purpose of this regulation is to ensure the provider can put out small fires in the home before they cause serious damage.

### **Enforcement**

**Level 2** Noncompliance

Providers are considered in compliance when they live in an apartment building with a fire extinguisher in the building.

**5) e) The provider must have a working smoke detector on each floor of the home.**

**Rationale / Explanation**

The purpose of this regulation is to ensure the provider is alerted of a possible fire in the home and can take the steps necessary for the safety of the children.

**Enforcement**

**Level 2** Noncompliance

**5) f) When there are firearms on the premises, the firearms cannot be loaded and must be in a cabinet, safe, or area that is locked with a key or combination lock, unless their use is in accordance with the Utah Concealed Weapons Act or as otherwise allowed by law.**

**Rationale / Explanation**

Children have a natural curiosity about firearms and have often seen their use glamorized on television. Firearms pose a great potential for tragic accidents with children. CFOC, 3<sup>rd</sup> Ed. pg. 257 Standard 5.5.0.8, pg. 363

**Enforcement**

**Level 2** Noncompliance when a firearm with a trigger lock is accessible

**Level 1** Noncompliance otherwise

Firearms include guns, muzzle loaders, rifles, shotguns, hand guns, pistols, and automatic guns.

The firearm is not considered to be in a locked cabinet, safe, or area when the key is in the lock of that cabinet, safe, or area.

**5) g) i) When there are infants in care - The provider must ensure that infants sleep in equipment designed for sleep, such as a crib, bassinet, porta-crib, or playpen unless the provider has written instructions from the parent to have the infant sleep in other equipment. Equipment designed for sleep does not include mats, cots, bouncers, swings, or car seats.**

**Rationale / Explanation**

The purpose of this regulation is to prevent injury to children from entrapment, falls, or other children. CFOC, 3<sup>rd</sup> Ed. pgs. 96-99 Standard 3.1.4.1

**Enforcement**

**Level 1** Noncompliance

Providers are never to have infants sleep in an adult bed.

The Boppy website ([www.boppy.com](http://www.boppy.com)) states that a boppy should never, ever be used for a baby to sleep on. It goes on to state that it should not be used in a crib, cradle, bassinet, playpen, play yard, or bed and that improper use of the product could result in serious injury or death.

**5) g) ii) When there are infants in care - The provider must not place infants on their stomachs for sleeping, unless the provider has written instructions from a health care provider to place the infant on his/her stomach for sleeping to treat a medical condition.**

**Rationale / Explanation**

Placing infants to sleep on their backs has been associated with a dramatic decrease in deaths from Sudden Infant Death Syndrome. The American Academy of Pediatrics and the American Public Health Association also recommend that pillows, quilts, comforters, sheepskins, stuffed toys, and other soft items be removed from cribs, as infants have been found dead with these items covering their faces, noses, and mouths. CFOC, 3<sup>rd</sup> Ed. pgs. 96-99 Standard 3.1.4.1

**Enforcement**

**Level 1** Noncompliance

**5) h) i) The following must be inaccessible - prescription medications, over-the-counter medications, vitamins, and herbal supplements.**

**Rationale / Explanation**

The purpose of this regulation is to prevent children from getting into and ingesting medications, vitamins, and herbal supplements. CFOC, 3<sup>rd</sup> Ed. pgs. 143-144 Standard 3.6.3.3

**Enforcement**

**Level 2** Noncompliance.

**5) h) ii) The following must be inaccessible - empty refrigerators and freezers.**

**Rationale / Explanation**

The purpose of this regulation is to prevent children from suffocating in empty refrigerators and freezers.

**Enforcement**

**Level 1** Noncompliance

**5) h) iii) The following must be inaccessible - exposed live electrical wires.**

**Rationale / Explanation**

The purpose of this regulation is to prevent injury to the children.

**Enforcement**

**Level 1** Noncompliance.

**5) h) iv) The following must be inaccessible - open containers of alcohol.**

**Rationale / Explanation**

The age, defenselessness, and lack of mature judgment of children in care make the prohibition of alcohol an absolute requirement in child care programs. CFOC, 3<sup>rd</sup> Ed. pg. 118-119 Standard 3.4.1.1, pg. 363 Standard 9.2.3.15

**Enforcement**

**Level 1** Noncompliance

Alcohol that has been opened but is corked/capped is considered inaccessible.

**5) h) v) The following must be inaccessible - illegal substances.**

**Rationale / Explanation**

The age, defenselessness, and lack of mature judgment of children in care make the prohibition of illegal substances an absolute requirement in child care programs. CFOC, 3<sup>rd</sup> Ed. pg. 118-119 Standard 3.4.1.1, pg. 363 Standard 9.2.3.15

**Enforcement**

**Level 1** Noncompliance

**5) h) vi) The following must be inaccessible - when in use, portable space heaters, fireplaces, and wood burning stoves.**

**Rationale / Explanation**

These are all hot enough to burn children. They can also start fires when heating elements, flames, or hot surfaces are too close to flammable materials, including children's clothing. In addition, fireplaces and wood burning stoves can be sources of toxic products of combustion. CFOC, 3<sup>rd</sup> Ed. pgs. 215-216 Standards 5.2.1.11, 5.2.1.12, 5.2.1.13

**Enforcement**

**Level 1** Noncompliance for accessible wood burning stoves or fireplaces

**Level 2** Noncompliance for accessible portable space heaters

**5) h) vii) The following must be inaccessible - toxic substances.**

**Rationale / Explanation**

All of these substances can cause illness or death through accidental ingestion. Flammable materials are also involved in many flash fire burns admissions to burn units. CFOC, 3<sup>rd</sup> Ed. pgs. 226-229 Standards 5.2.8.1, 5.2.9.1, pgs. 234-235 Standard 5.2.9.11, pg. 256 Standard 5.5.0.5

**Enforcement**

The following are not considered toxic substances (this is not an all inclusive list):

-blue toilet water	-Febreeze products	-propane
-charcoal that is treated with lighter fluid	-firework snaps	-rinsing agents, such as Jet Dry
-cleaning wipes (unless they are home-made with bleach)	-ice melt or rock salt	-silica gel packets
-dish detergent/soap	-laundry detergent	-spackling
-essential oils	-personal hygiene items such as toothpaste, deodorant, cosmetics, lotion, nail polish, hair care products	-witch hazel
-Fast Orange and GOJO	-plug in wall scents such as Wallflowers, Glade plug ins, etc.	

**Level 2** Noncompliance when any of the following are accessible to children:

-ammonia	-insecticide	-rubbing alcohol
-anti-freeze	-iodine	-silicone spray
-bleach	-jewelry cleaner	-spray paint
-corroded batteries	-kerosene	-super glue
-drain cleaners	-lighter fluid	-Tiki Torch Fuel
-energy shots, such as 5 Hours Energy	-linseed oil	-tile grout sealer
-fertilizer with weed killer	-liquid correction fluids	-turpentine
-fluorescent light tubes	-model glue	-vinyl adhesive remover
-gasoline	-nail glue	-water sealant
-gunpowder	-nail polish remover and other solvents containing acetone	-WD-40
-gun solvent	-paint thinner	-weed killer
-hydrocarbons	-pesticides	-windshield washer fluid
-insect repellent	-rubber cement	

**5) h) viii) The following must be inaccessible - poisonous plants.**

**Rationale / Explanation**

Plants are among the most common household item that children ingest. Poisonous plants can also cause skin rashes. CFOC, 3<sup>rd</sup> Ed. pg. 234 Standard 5.2.9.10

**Enforcement**

**Level 2** Noncompliance

Poisonous plants include: poison ivy, poison oak, stinging nettle, mushrooms, toadstools, jimson weed, castor bean, and oleander.

**5) h) ix) The following must be inaccessible - open flames.**

**Rationale / Explanation**

Children are at risk of burns from open flames. Fires may also be accidentally started by open flames, such as a burning candle. CFOC, 3<sup>rd</sup> Ed. pg. 256 Standard 5.5.0.6

**Enforcement**

**Level 1 Noncompliance**

Providers are not considered out of compliance with this regulation when they have cakes or cupcakes with lit candles and there is constant direct supervision of the children in care until the lit candles are blown out.

**5) i) There can be no animal that has a history of dangerous, attacking, or aggressive behavior accessible.**

**Rationale / Explanation**

The purpose of this regulation is to prevent injury to children by an aggressive animal. CFOC, 3<sup>rd</sup> Ed. pg. 121, Standard 3.4.2.2

**Enforcement**

**Level 1 Noncompliance**

Providers are in compliance with this regulation when, after an animal bites a person, the provider immediately makes it inaccessible to children.

Pythons and boa constrictors are naturally aggressive animals and are very dangerous. They cannot be accessible.

**5) j) i) (1) When there is an outdoor area used by children in care, the following must be inaccessible - unanchored swings and large metal slides.**

**Rationale / Explanation**

Proper maintenance of outdoor areas and outdoor play equipment is a key factor in ensuring a safe environment for children. Each outdoor area is unique and requires a routine maintenance check program developed specifically for that outdoor area. CFOC, 3<sup>rd</sup> Ed. pg. 259 Standard 5.7.0.1

**Enforcement**

**Level 1 Noncompliance**

Licensing Specialists will shake the swings and/or slides to see if they are anchored.

**5) j) i) (2) When there is an outdoor area used by children in care, the following must be inaccessible - raised decks or balconies and open stairwells 5 feet or higher without protective barriers or with protective barriers with gaps greater than 5 inches by 5 inches.**

**Rationale / Explanation**

Proper maintenance of outdoor areas and outdoor play equipment is a key factor in ensuring a safe environment for children. Each outdoor area is unique and requires a routine maintenance check program developed specifically for that outdoor area. CFOC, 3<sup>rd</sup> Ed. pg. 259 Standard 5.7.0.1

**Enforcement**

**Level 1 Noncompliance**

When there is a small cement lip on the edge of the stairwell, Licensing Specialists will measure from the top of that cement lip down to the bottom of the stairs to determine the height of the stairwell.

**5) j) i) (3) When there is an outdoor area used by children in care, the following must be inaccessible - motor vehicles on blocks.**

**Rationale / Explanation**

Proper maintenance of outdoor areas and outdoor play equipment is a key factor in ensuring a safe environment for children. Each outdoor area is unique and requires a routine maintenance check program developed specifically for that outdoor area. CFOC, 3<sup>rd</sup> Ed. pg. 259 Standard 5.7.0.1

**Enforcement**

**Level 1 Noncompliance**

**5) j) i) (4) When there is an outdoor area used by children in care, the following must be inaccessible - rebar or metal rods less than 36 inches long sticking up from the ground or out of walls.**

**Rationale / Explanation**

Proper maintenance of outdoor areas and outdoor play equipment is a key factor in ensuring a safe environment for children. Each outdoor area is unique and requires a routine maintenance check program developed specifically for that outdoor area. CFOC, 3<sup>rd</sup> Ed. pg. 259 Standard 5.7.0.1

**Enforcement**

**Level 1 Noncompliance**

**5) j) ii) When there is an outdoor area used by children in care, stationary play equipment accessible cannot be over hard surfaces such as cement or asphalt.**

**Rationale / Explanation**

This regulation is based on guidelines from the Consumer Product Safety Commission, which are designed to prevent serious head injuries or other life threatening injuries to children. CFOC, 3<sup>rd</sup> Ed. pg. 272 Standard 6.2.2.1

Improper cushioning material under playground equipment is the leading cause of playground related injuries. Over 70% of all accidents on playgrounds are from children falling. Hard surfaces such as concrete, blacktop, or packed earth are not acceptable under most play equipment. A fall onto one of these hard surfaces could be life threatening. CFOC, , 3<sup>rd</sup> Ed. pg. 237-238 Standard 5.3.1.1; pg. 273-274 Standard 6.2.3.1

**Enforcement**

**Level 1 Noncompliance**

This regulation applies to stationary play equipment over 6 inches high. This regulation does not apply to areas directly under swings and trampolines.

Licensing Specialists will ask providers if the equipment is in a different location when used by children. When providers state they move the equipment before it is used by children, Licensing Specialists will instruct them to move it to that location before they assess for compliance.

Artificial grass is an acceptable surfacing underneath stationary playground equipment.

Providers can place cushioning mats under playground equipment before children in care use the equipment.

Packed dirt is considered a hard surface. Dirt is considered to be packed when it does not displace when it is walked on.

Packed sand is the same as packed dirt.

When wood chips or other cushioning materials are frozen due to extreme weather conditions they will be considered a hard surface.

When a material cannot be loosened due to extreme weather conditions, children are not to play on the equipment until the material can be loosened to the required depth.

**5) j) iii) When there is an outdoor area used by children in care, equipment in the outdoor area must be used in a safe manner to prevent injury to children.**

**Rationale / Explanation**

Children like to test their skills and abilities. This is particularly true in outdoor play with playground equipment. CFOC, 3<sup>rd</sup> Ed. pg. 65 Standard 2.2.0.1

**Enforcement**

**Level 2 Noncompliance**

Unsafe use includes walking on slides, going down slides head first, being on top of swing sets, climbing up the outside of covered slides, playing on the roofs of structures, and swinging while standing, twisting, or on stomachs.

**5) k) i) The provider must ensure that children in care are protected from unintended access to pools that are not emptied after each use.**

**Rationale / Explanation**

The purpose of this regulation is to prevent both injury and drowning. Most children drown within a few feet of safety, and drowning is one of the leading causes of unintentional injury to children under 5 years of age. CFOC, 3<sup>rd</sup> Ed. pg. 7 Standard 1.1.1.5, pg. 267 Standard 6.1.0.6, pg. 278 Standard 6.3.1.1, pg. 280 Standards 6.3.1.6, 6.3.1.7

**Enforcement**

**Level 1 Noncompliance**

**5) k) ii) The provider must ensure that children in care are protected from unintended access to hot tubs with more than 2 inches of water in them.**

**Rationale / Explanation**

The purpose of this regulation is to prevent both injury and drowning. Most children drown within a few feet of safety, and drowning is one of the leading causes of unintentional injury to children under 5 years of age. CFOC, 3<sup>rd</sup> Ed. pg. 7 Standard 1.1.1.5, pg. 267 Standard 6.1.0.6, pg. 278 Standard 6.3.1.1, pg. 280 Standards 6.3.1.6, 6.3.1.7

**Enforcement**

**Level 1 Noncompliance**

**5) k) iii) The provider must ensure that children in care are protected from unintended access to water hazards such as ponds, streams, and fountains with more than 2 inches of water in them.**

**Rationale / Explanation**

The purpose of this regulation is to prevent both injury and drowning. Most children drown within a few feet of safety, and drowning is one of the leading causes of unintentional injury to children under 5 years of age. CFOC, 3<sup>rd</sup> Ed. pg. 7 Standard 1.1.1.5, pg. 267 Standard 6.1.0.6, pg. 278 Standard 6.3.1.1, pg. 280 Standards 6.3.1.6, 6.3.1.7

**Enforcement**

**Level 1 Noncompliance**



**5) I) i) While transporting children in care, the provider must ensure that children in care are wearing appropriate individual safety restraints.**

**Rationale / Explanation**

The purpose of this regulation is to prevent children from being killed in an automobile accident. Motor vehicle crashes are the leading cause of death of children in the United States and children who are not buckled in appropriate restraints are 11 times more likely to die in a crash than children who are properly restrained. CFOC, 3<sup>rd</sup> Ed. pgs. 289-291 Standard 6.5.2.2

**Enforcement**

**Level 1 Noncompliance**

“Safety restraints” refers to seat belts, car seats, booster seats, etc. used individually, and as required by Utah law. Utah code states the following regarding the use of child restraints:

41-6a-1803. Driver and passengers -- Seat belt or child restraint device required.

(1) (a) The operator of a motor vehicle operated on a highway shall:

- (i) wear a properly adjusted and fastened safety belt;
- (ii) provide for the protection of each person younger than eight years of age by using a child restraint device to restrain each person in the manner prescribed by the manufacturer of the device; and
- (iii) provide for the protection of each person eight years of age up to 16 years of age by securing, or causing to be secured, a properly adjusted and fastened safety belt on each person.

**5) I) ii) While transporting children in care, the provider must never leave the children in care unattended in the vehicle.**

**Rationale / Explanation**

The placement of a child in a vehicle does not eliminate the need for supervision. Potential dangers when children are left unattended in vehicles include a child leaving the vehicle, a child taking the vehicle out of gear or taking the park brake off, a child being taken from a vehicle by an unauthorized individual, or a child dying from heat stress in a hot car. CFOC, 3<sup>rd</sup> Ed. pgs. 6-7 Standard 1.1.1.4, pgs. 64-66 Standard 2.2.0.1, pgs. 287-288

**Enforcement**

**Level 1 Noncompliance**

Providers are considered out of compliance with this regulation when they leave children in the vehicle while they go inside a store to pay for gas.

**5) I) iii) While transporting children in care, the provider must not be intoxicated or impaired.**

**Rationale / Explanation**

The age, defenselessness, and lack of mature judgment of children in care make the prohibition of alcohol and illegal substances an absolute requirement. CFOC, 3<sup>rd</sup> Ed. pgs. 118-119 Standard 3.4.1.1, pg. 363 Standard 9.2.3.15

**Enforcement**

**Level 1 Noncompliance**

## SECTION 6 - CHILD HEALTH

### Purpose

This section contains the regulations for the health of the children.

### General Information

Suspected child abuse or neglect is to be reported to the Child Protective Services hotline 1-855-323-3237.

#### **6) a) There must be a clean and sanitary environment for the children in care.**

##### Rationale / Explanation

Young children sneeze, cough, drool, use diapers and are learning to use the toilet. They hug, kiss, and touch everything and put objects in their mouths. Illnesses may be spread in a variety of ways, such as by coughing, sneezing, direct skin-to-skin contact, or touching a contaminated object or surface. Respiratory tract secretions that can contain viruses (including respiratory syncytial virus and rhinovirus) contaminate environmental surfaces and may present an opportunity for infection by contact. CFOC, 3<sup>rd</sup> Ed. pg. 116-117 Standard 3.3.0.1

Developing a cleaning schedule helps to ensure that the home is properly cleaned on a regular basis. CFOC, 3<sup>rd</sup> Ed. pg. 260 Standard 5.7.0.5

It is also important to keep all areas and equipment used for the storage, preparation, and service of food clean and sanitary. Outbreaks of food borne illness have occurred in child care settings. Many of these can be prevented through appropriate sanitation methods. CFOC, 3<sup>rd</sup> Ed. pg. 193 Standard 4.9.0.9

It is recommended that sponges not be used for cleaning and sanitizing. This is because sponges harbor bacteria and it is difficult to completely clean and sanitize in between cleaning surface areas with sponges. CFOC, 3<sup>rd</sup> Ed. pg. 193 Standard 4.9.0.9

Cracked or porous surfaces cannot be kept clean and sanitary because they trap organic materials in which microorganisms can grow. Repairs with duct tape and other similar materials add surfaces that also trap organic materials. CFOC, 3<sup>rd</sup> Ed. pg. 186 Standard 4.8.0.3; pgs. 240-241 Standard 5.3.1.6

##### Enforcement

**Level 2** Noncompliance when there is:

- rotting food or a buildup of food on a surface
- a slippery spill on a floor
- mold growing
- a visible buildup of dirt, soil, grime, etc.
- a buildup of cobwebs, bugs, or carpets in need of cleaning and there is a child with asthma or another known respiratory condition in care
- feces in an accessible indoor area

**Level 3** Noncompliance when there is:

- a buildup of cobwebs, bugs, or carpets in need of cleaning and there is no child with asthma or another known respiratory condition in care
- flooring or a wall that is damaged and cannot be effectively cleaned

Licensing Specialists will distinguish between messes made as the consequence of an activity done that day and a chronic buildup of dirt, soil, food, etc. over time where disease-causing bacteria can grow.

**6) b) There must be a flushing toilet and a working hand washing sink accessible to non-diapered children in care.**

**Rationale / Explanation**

Young children need to use the bathroom frequently and cannot wait long when they have to use the toilet. CFOC, 3<sup>rd</sup> Ed. pg. 246 Standard 5.4.1.6

**Enforcement**

**Level 2 Noncompliance**

Licensing Specialists will flush toilets unless they hear toilets flush after someone uses them or they see someone flush toilets after children use them.

Providers will be considered out of compliance if the only toilet is an indoor portable toilet, also known as a composting toilet. The local health department will only allow the use of composting toilets in extreme situations, such as when there is no available water source.

**6) c) The provider must ensure that children in care are not subjected to physical, emotional, or sexual abuse while in care.**

**Rationale / Explanation**

Serious physical abuse of children by providers usually occurs at times of high stress for the provider. For this reason, it is important for providers to have ways of taking breaks and seeking assistance when they are stressed. CFOC, 3<sup>rd</sup> Ed. pgs. 41-43 Standard 1.7.0.5

**Enforcement**

**Level 1 Noncompliance**

**6) d) The provider must follow the reporting requirements for the witnessing or suspicion of abuse, neglect, and exploitation found in Section 62A-4a-403 and 62A of the Utah Code.**

**Rationale / Explanation**

Reporting of suspected child abuse or neglect is required by Utah law. Suspected abuse and neglect must be reported to law enforcement or Child Protective Services. CFOC, 3<sup>rd</sup> Ed. pgs. 123-124 Standard 3.4.4.1

**Enforcement**

**Level 1 Noncompliance**

**6) e) i) The provider must not use the following disciplinary measure - any form of corporal punishment that produces pain or discomfort such as hitting, spanking, shaking, biting, or pinching.**

**Rationale / Explanation**

These prohibited methods of discipline are considered psychologically and emotionally abusive and can easily become physically abusive as well. Research has linked corporal punishment with negative effects such as later criminal behavior and learning impairments. CFOC, 3<sup>rd</sup> Ed. pgs. 75-76 Standard 2.2.0.9

**Enforcement**

**Level 1 Noncompliance**

Corporal punishment includes squirting a child with water or putting hot sauce or soap in a child's mouth.

**6) e) ii) The provider must not use the following disciplinary measure - restraining movement by binding, tying, or other form of restraint.**

**Rationale / Explanation**

These prohibited methods of discipline are considered psychologically and emotionally abusive and can easily become physically abusive as well. CFOC, 3<sup>rd</sup> Ed. pgs. 75-76 Standard 2.2.0.9

**Enforcement**

**Level 1 Noncompliance**

Placing a child in a harness or leash is considered restraining a child's movements.

Covering a child's hand with a sock, as long as movement of the child's arm and hand is not restricted, is not considered inappropriate discipline unless it is done in a humiliating or demeaning way.

Unless it is used as discipline, swaddling a child is not considered restraining a child's movement.

**6) e) iii) The provider must not use the following disciplinary measure - shouting at children.**

**Rationale / Explanation**

These prohibited methods of discipline are considered psychologically and emotionally abusive and can easily become physically abusive as well. CFOC, 3<sup>rd</sup> Ed. pgs. 75-76 Standard 2.2.0.9

**Enforcement**

**Level 1 Noncompliance**

This regulation is not intended to prevent a provider from shouting to a child in an emergency situation where there is a danger of imminent serious physical harm, such as to prevent a child from running into the street.

**6) e) iv) The provider must not use the following disciplinary measure - any form of emotional abuse.**

**Rationale / Explanation**

These prohibited methods of discipline are considered psychologically and emotionally abusive and can easily become physically abusive as well. CFOC, 3<sup>rd</sup> Ed. pgs. 75-76 Standard 2.2.0.9

**Enforcement**

**Level 1 Noncompliance**

A provider's use of profanity in the presence of children is considered emotional abuse and inappropriate discipline.

Using humiliation to discipline a child, such as putting an older child in a highchair or crib to make the child look like a "baby", is considered emotional abuse.

Disciplining children who are in emotional distress by isolating them behind a gate or door away from the provider and the rest of the children is considered emotional abuse.

**6) e) v) The provider must not use the following disciplinary measure - forcing or withholding food, rest, or toileting.**

**Rationale / Explanation**

These prohibited methods of discipline are considered psychologically and emotionally abusive and can easily become physically abusive as well. CFOC, 3<sup>rd</sup> Ed. pgs. 75-76 Standard 2.2.0.9

When adults use food to modify behavior children can come to view eating as a tug-of-war and are more likely to develop lasting food dislikes and unhealthy eating behaviors. CFOC, 3<sup>rd</sup> Ed. pgs. 70-72 Standard 2.2.0.6

**Enforcement**

**Level 1 Noncompliance**

Not offering dessert to children who do not finish their food is not considered withholding food.

6) e) vi) The provider must not use the following disciplinary measure - confining a child in a closet, locked room, or other enclosure such as a box, cupboard, or cage.

**Rationale / Explanation**

These prohibited methods of discipline are considered psychologically and emotionally abusive and can easily become physically abusive as well,. CFOC, 3<sup>rd</sup> Ed. pgs. 75-76 Standard 2.2.0.9

**Enforcement**

**Level 1 Noncompliance**

A child may not be put in an enclosure for time out purposes. This is considered confining a child.

## SECTION 7 - PARENTS

### Purpose

This section contains the regulations for the parents of the children in care.

#### **7)a) The provider must ensure parents have access to all areas of the home used for care.**

##### Rationale / Explanation

Allowing parents unrestricted access to the home and the outdoor area at all times is one of the most important methods of preventing abuse and inappropriate discipline. When access is restricted, areas observable by parents may not reflect the care children actually receive on a day-to-day basis. CFOC, 3<sup>rd</sup> Ed. pg. 78 Standard 2.3.1.2, pgs. 380-381 Standard 9.4.1.6

##### Enforcement

###### **Level 2** Noncompliance

This does not mean providers cannot lock their doors. It means providers must open their doors in a timely manner and allows parents to enter any part of the home or outdoor areas that is used for child care.

#### **7) b) i) The provider must ensure parents are aware he/she takes children in care off the premises, such as to run errands or go to a park.**

##### Rationale / Explanation

The purpose of this regulation is to protect both children and providers by ensuring that children are never taken off-site without parental awareness. CFOC, 3<sup>rd</sup> Ed. pg. 338 Standard 9.4.2.3

##### Enforcement

###### **Level 3** Noncompliance

This means parents must be made aware of the days and times when children will be taken on off-site.

Parental awareness is not needed for spontaneous walking field trips when the children are away from the home for no more than 60 minutes and are within ½ mile of the home.

#### **7) b) ii) The provider must ensure parents are aware he/she allows children in care to leave the premises, such as to go to a neighbor's house or to ride their bikes on the street.**

##### Rationale / Explanation

Supervision of children is basic to the prevention of harm. Parents have an expectation that their children will be supervised when in the care, and that the provider will not allow their child to go off site without the parent's knowledge. CFOC, 3<sup>rd</sup> Ed. pgs. 64-66 Standard 2.2.0.1

##### Enforcement

###### **Level 3** Noncompliance

## SECTION 8 - NOTIFICATIONS AND REPORTABLE CHANGES

### Purpose

This section contains the regulations for notifications and reportable changes.

**8) a) In the case of a life threatening incident or injury or an incident or injury that poses a threat of the loss of vision, hearing, or a limb, the provider must contact emergency personnel immediately and before contacting the parent.**

### Rationale / Explanation

A delay in contacting emergency personnel in the case of a life threatening injury could result in permanent disability or death. CFOC, 3<sup>rd</sup> Ed. pg. 458 Appendix P

### Enforcement

**Level 1** Noncompliance

**8) b) The provider must report any adverse reaction to a medication or any error in the administration of a medication to the parent immediately upon recognizing the error or reaction.**

### Rationale / Explanation

The purpose of this regulation is to avoid additional harm to children by ensuring that any adverse medication reaction or administration error is dealt with immediately, including by emergency personnel if needed. CFOC, 3<sup>rd</sup> Ed. pgs. 143-144

### Enforcement

**Level 1** Noncompliance

**8) c) Within 24 hours of its occurrence, the provider must notify the Department of Health, Child Care Licensing staff of any fatality, hospitalization, emergency medical response, or injury that requires attention from a health care provider, except for emergency medical transport that was part of the child's medical treatment plan.**

### Rationale / Explanation

The purpose of this regulation is so that the Department can work with providers to correct unsafe or unhealthy conditions and to prevent future or additional harm to children CFOC, 3<sup>rd</sup> Ed. pg. 383 Standard 9.4.1.10

### Enforcement

**Level 1** Noncompliance for not reporting a fatality

**Level 3** Noncompliance otherwise

Emergency medical response means a call to 911 (or the police, ambulance, or fire department).

Attention from a health care provider means the child was physically examined by the health care provider.

Providers must report injuries that require attention from a health care provider as soon as they become aware of the visit to the health care provider (for example, when the parent took the child to a health care provider after leaving the provider).

**8) d) Within 48 hours of becoming aware of the conviction, the provider must notify the Department of Health, Child Care Licensing Staff of any felony or misdemeanor conviction of a Covered Individual.**

### Rationale / Explanation

The purpose of this regulation is to ensure that individuals who do not pass a background screening do not have unsupervised access to children in care.

### Enforcement

**Level 1** Noncompliance when the Department was not notified

**Level 2** Noncompliance when the Department was notified but not within 48 hours

**8) e) i) Within 10 calendar days of the change, the provider must notify the Department of Health, Child Care**

**Licensing staff of changes in his/her name.**

**[Rationale / Explanation](#)**

This is necessary for accurate and current information about the provider.

**[Enforcement](#)**

**Level 2 Noncompliance**

**8) e) ii) Within 10 calendar days of the change, the provider must notify the Department of Health, Child Care Licensing staff of changes in his/her telephone number.**

**[Rationale / Explanation](#)**

This is necessary for accurate and current information about the provider.

**[Enforcement](#)**

**Level 2 Noncompliance**

**8) e) iii) Within 10 calendar days of the change, the provider must notify the Department of Health, Child Care Licensing staff of changes in his/her child care schedule.**

**[Rationale / Explanation](#)**

This is necessary for accurate and current information about the provider.

**[Enforcement](#)**

**Level 2 Noncompliance**

**8) e) iv) Within 10 calendar days of the change, the provider must notify the Department of Health, Child Care Licensing staff of changes in the number of children of DWS customers in care.**

**[Rationale / Explanation](#)**

This is necessary for accurate and current information about the provider.

**[Enforcement](#)**

**Level 2 Noncompliance**

**8) e) v) Within 10 calendar days of the change, the provider must notify the Department of Health, Child Care Licensing staff of changes in the DWS customer(s) whose child(ren) are in care and their DWS case number(s).**

**[Rationale / Explanation](#)**

This is necessary for accurate and current information about the provider.

**[Enforcement](#)**

**Level 2 Noncompliance**

**8) f) By the last day of care at the present address, the provider must notify the Department of Health, Child Care Licensing staff of changes of location by submitting an application for an DWS Child Care Child Care Approval for the new location.**

**[Rationale / Explanation](#)**

This is necessary because the approval is not transferable.

**[Enforcement](#)**

**Level 2 Noncompliance**



## SECTION 9 - EMERGENCY PREPAREDNESS

### Purpose

This section contains the regulations for emergency preparedness.

**9) a) The provider must have current Red Cross, American Heart Association, or equivalent certification in First Aid.**

### Rationale / Explanation

To ensure the health and safety of children in a child care setting, including during off-site activities, someone who is qualified to respond to common life-threatening emergencies must be present at all times. The presence of such a qualified person can mitigate the consequences of injury and reduce the potential for death from life-threatening conditions. Having these emergency skills, and the confidence to use them, are critically important to the outcome of an emergency situation. CFOC, 3<sup>rd</sup> Ed. pgs. 24-25 Standard 1.4.3.1, 1.4.3.2

### Enforcement

#### **Level 3 Noncompliance**

The expiration date on the First Aid card determines whether the certification is current. When there is no expiration date, the certification will be considered current when the issue date is less than a year old.

Any First Aid certification is considered equivalent to the Red Cross or American Heart Association.

**9) b) The provider must have current Red Cross, American Heart Association, or equivalent certification in infant and child CPR from a course that included hands-on testing.**

### Rationale / Explanation

To ensure the health and safety of children in a child care setting, including during off-site activities, someone who is qualified to respond to common life-threatening emergencies must be present at all times. The presence of such a qualified person can mitigate the consequences of injury and reduce the potential for death from life-threatening conditions. Having these emergency skills, and the confidence to use them, are critically important to the outcome of an emergency situation. CFOC, 3<sup>rd</sup> Ed. pgs. 24-25 Standard 1.4.3.1, 1.4.3.2

### Enforcement

#### **Level 2 Noncompliance**

The expiration date on the CPR card determines whether the certification is current. When there is no expiration date, the certification will be considered current when the issue date is less than a year old.

**9) c) The provider must have an emergency and disaster plan that includes procedures for:**

**i) a fire in the home;**

**ii) an earthquake in the home; and**

**iii) evacuation and re-location, including notifying the parent of the evacuation and re-location.**

### Rationale / Explanation

Maintaining calm and composed thinking can be difficult in emergency situations. When emergencies happen, it is important to have a well thought-out and practiced plan in writing that providers can refer to. Having such a practiced plan can prevent poor judgment in the stress of an emergency situation. CFOC, 3<sup>rd</sup> Ed. pgs. 366-368 Standard 9.2.4.3

### Enforcement

#### **Level 2 Noncompliance**

## SECTION 10 - DOCUMENTATION

### Purpose

This section contains the regulations for required documentation.

**10) a) i) The provider must keep the following record at the home where care is being provided and available for review by Department of Health, Child Care Licensing staff - a 12 month record of the dates and times each child was in care.**

#### Rationale / Explanation

Keeping accurate records of arrivals and departures is critical to establishing what children are in care at the home at any given time. CFOC, 3<sup>rd</sup> Ed. pgs. 372-373 Standard 9.2.4.10

#### Enforcement

**Level 3 Noncompliance**

Licensing Specialists will review the last 2 months of records but providers are to keep the last 12 months of records.

**10) a) ii) The provider must keep the following record at the home where care is being provided and available for review by Department of Health, Child Care Licensing staff - parent/guardian attestation statements of current immunization records for children in care.**

#### Rationale / Explanation

Routine immunization at the appropriate age is the best means of preventing vaccine-preventable diseases. CFOC, 3<sup>rd</sup> Ed. pgs. 297-299 Standards 7.2.0.1, 7.2.0.2, pg. 356 Standard 9.2.3.5

Young children, especially those under five years of age and those in child care facilities, are more likely to acquire pneumococcal disease. 70% of bacteremia caused by invasive pneumococcal disease occurs in children 2 years of age and younger. By the time a child has reached 5 years of age, their body has built up its own resistance to the bacteria, which means that the vaccine is age-related. The number of doses of pneumococcal vaccine that a child must receive depends on the child's age and number of previous doses the child received. In Utah, children who have reached five years of age are not required to have the pneumococcal vaccine to attend school or child care.

#### Enforcement

**Level 3 Noncompliance**

The provider will be in compliance when the parent/guardian supplies an attestation statement that he/she chooses not to immunize his/her child(ren).

**10) a) iii) The provider must keep the following record at the home where care is being provided and available for review by Department of Health, Child Care Licensing staff - current First Aid and CPR certifications.**

#### Rationale / Explanation

Review of the provider's records by the Department staff is used, in part, to determine compliance with regulations. CFOC, 3<sup>rd</sup> Ed. pg.380 Standard 9.4.1.5

#### Enforcement

**Level 3 Noncompliance**

Documentation for CPR Certification must indicate that the training included Infant and Child CPR.

American Life and Health Foundation CPR and First Aid certification is not equivalent to Red Cross or American Heart Association certification.

A CNA certification is not equivalent to First Aid and CPR certification.

A current nursing certificate is equivalent to First Aid and CPR certification.

When the certification is from National Safety Counsel or the American Heart Association and it has BLS or Standard on it, the course included adult, infant and child CPR. The certification will not have the words "infant" or "child" on it.